



KITA KONGSI SDN BHD, C/O WEWORK
LEVEL 18, EQUATORIAL PLAZA, JALAN
SULTAN ISMAIL, 50250 KUALA LUMPUR
W.P. KUALA LUMPUR MALAYSIA.

+6011-1303 3131 | info@wekongsi.com

SHARING REPORT OCTOBER 2024

Period : 7th September 2024 to 6th October 2024

Total Members	Active Members <i>(Pass 90 days waiting period)</i>	Total Approved Cases	Total Medical Cost
2051	1439	4	RM67,206.25

Total Medical Cost	RM67,206.25
Last Month Extra Shared	RM12.08
Last Month Unsettlement Balance	RM0.00
Active Members <i>(Pass 90 days waiting period)</i>	1439
Each Member Share (Before rounding)	RM46.6950
Each Member Share (After rounding)	RM46.70
Total Share	RM67,201.30
Extra bring to Next Month	RM7.13
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : MUHAMMADxxxxxxx
Member NRIC : 2209xxxxxxx
Approved Amount : 50.00
Hospital Name : HOSPITAL LAHAD DATU
Diagnosis : VIRAL TONSILLOPHARYNGITIS
Admission Date : 05/08/2024
Discharge Date : 06/08/2024

Case 2

Member Name : MUHAMMADxxxxxxx
Member NRIC : 0512xxxxxxx
Approved Amount : 37,774.65
Hospital Name : GLENEAGLES MEDINI HOSPITAL
Diagnosis : ACUTE APPENDICITIS
Admission Date : 12/07/2024
Discharge Date : 16/07/2024

Case 3

Member Name : MUHAMMADxxxxxxx
Member NRIC : 2301xxxxxxx
Approved Amount : 6,116.15
Hospital Name : MAHKOTA MEDICAL CENTRE SDN BHD
Diagnosis : ACUTE BRONCHIOLITIS, UNSPECIFIED
Admission Date : 12/07/2024
Discharge Date : 14/07/2024



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Case 4

Member Name : MOHD ALxxxxxxxx
Member NRIC : 7804xxxxxxxx
Approved Amount : 23,265.45
Hospital Name : KPJ SEREMBAN SPECIALIST HOSPITAL
Diagnosis : FRACTURE OF CLAVICLE
Admission Date : 16/07/2024
Discharge Date : 19/07/2024



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Supporting Documents



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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : MUHAMMAD [REDACTED]
Member NRIC : 2209 [REDACTED]
Member Package : STANDARD
Admission Date : 05/08/2024
Discharge Date : 06/08/2024
Hospital Name : HOSPITAL LAHAD DATU
Total Overnight Days : 1

Total Allowance (RM) : 50

We want to express our gratitude for choosing a government hospital for your medical treatment/surgery. As per our guideline in section 5.A (Eligible to Share), you are eligible for the Daily Cash Allowance benefit at a government hospital. We have confirmed that you stayed overnight for a total of 1 day, and your package falls under the STANDARD category. Accordingly, you are entitled to an allowance of RM50 per day, totaling RM50.

Thank you once again for utilizing government hospital services, as it helps alleviate the sharing burden for the entire community. We sincerely appreciate your participation in our program and your care for our community.

Yours faithfully,
We Kongsi
Kita Kongsi Sdn Bhd



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FINAL GUARANTEE LETTER

To	: GLENEAGLES MEDINI HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: M_ZAKI	Date	: 23/07/2024 09:11:17 PM
Our Reference			
GL No.	: 24071218573862	FGL No.	: DA24072321111716
Discharge Bill No.	: GMH24A0116110	Admission Date	: 12/07/2024
Patient Name	: MUHAMMAD [REDACTED]	Discharge Date	: 16/07/2024
Patient NRIC	: 0512 [REDACTED]	Length of Stay	: 4.00
Patient Member ID	: 0512 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: Acute Appendicitis		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **GMH24A0116110** amounting **RM 38,488.65** dated **16/07/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 37,774.65** and the excess(s) as the following:

Benefit Items:	Non-Payable Amount : To be paid by Patient (RM)	Co-Payment : To be paid by Patient (RM)	Charges exceeded 13th Schedule of Fees NOT TO BE COLLECTED from patient (RM)
Room & Board	0.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	714.00		
Surgical Fees			0.00
Anesthetic Fees			0.00
Operating Theatre			0.00
Physician Visit/Ward			0.00
Ambulance Services	0.00		
Government Tax	0.00		
Medical Report	0.00		



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FINAL GUARANTEE LETTER

To	: MAHKOTA MEDICAL CENTRE SDN BHD		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: M_AMIR	Date	: 17/07/2024 10:21:39 AM
Our Reference			
GL No.	: 24071311543283	FGL No.	: DA24071710213962
Discharge Bill No.	: 1537108	Admission Date	: 12/07/2024
Patient Name	: MUHAMMAD [REDACTED]	Discharge Date	: 14/07/2024
Patient NRIC	: 2301 [REDACTED]	Length of Stay	: 2.00
Patient Member ID	: 2301 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: ACUTE BRONCHIOLITIS, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **1537108** amounting **RM 6,301.65** dated **14/07/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 6,116.15** and the excess(s) as the following:

Benefit Items:	Non-Payable Amount : To be paid by Patient (RM)	Co-Payment : To be paid by Patient (RM)	Charges exceeded 13th Schedule of Fees NOT TO BE COLLECTED from patient (RM)
Room & Board	0.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	185.50		
Surgical Fees			0.00
Anesthetic Fees			0.00
Operating Theatre			0.00
Physician Visit/Ward			0.00
Ambulance Services	0.00		
Government Tax	0.00		
Medical Report	0.00		
Deductible	0.00		
Co - Insurance	0.00		



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FINAL GUARANTEE LETTER

To	: KPJ SEREMBAN SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCare SDN BHD		
Attending Officer	: MAISARAH	Date	: 16/08/2024 05:53:04 PM
Our Reference			
GL No.	: 24071612593452	FGL No.	: DA24081617530451
Discharge Bill No.	: 2711652	Admission Date	: 16/07/2024
Patient Name	: MOHD ALB [REDACTED]	Discharge Date	: 19/07/2024
Patient NRIC	: 7804 [REDACTED]	Length of Stay	: 3.50
Patient Member ID	: 7804 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: FRACTURE OF CLAVICLE		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **2711652** amounting **RM 28,741.70** dated **19/07/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 23,265.45** and the excess(s) as the following:

Benefit Items:	Non-Payable Amount : To be paid by Patient (RM)	Co-Payment : To be paid by Patient (RM)	Charges exceeded 13th Schedule of Fees NOT TO BE COLLECTED from patient (RM)
Room & Board	0.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	5,476.25		
Surgical Fees			0.00
Anesthetic Fees			0.00
Operating Theatre			0.00
Physician Visit/Ward			0.00
Ambulance Services	0.00		
Government Tax	0.00		
Medical Report	0.00		
Deductible	0.00		
Co - Insurance	0.00		